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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/390,425 09/03/1999 PAT 6,338,958  
 which is a CON of 09/035,706 03/05/1998 PAT 6,001,622  
 which is a CIP of 08/955,841 10/21/1997 PAT 6,013,782  
 which is a CIP of 08/752,345 11/19/1996 ABN  
 which claims benefit of 60/009,074 12/21/1995

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	CANADA	3	14	1

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**TITLE**  
 Treatment of inflammatory diseases including psoriasis

<b>FILING FEE</b>  <b>RECEIVED</b> 435	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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